

UTILITY PATENT APPLICATION TRANSMITTAL

(For new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

P51374

First Named Inventor

Covington

"EXPRESS MAIL CERTIFICATE"

"EXPRESS MAIL" MAILING LABEL NUMBER **EV332944469US** DATE OF DEPOSIT: **11 September 2003**

I hereby certify that this paper or fee and the papers indicated as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date and with the Mailing Label Number indicated above and addressed to:

COMMISSIONER FOR PATENTS, MAIL STOP: PATENT APPLICATION, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450

NAME OF PERSON MAILING PAPER OR FEE

(TYPE OR PRINT)

ARLEDE E. CORNOR

SIGNATURE

Arlede E. Cornor

15757 U.S. PTO
10/660443



APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		7. <input checked="" type="checkbox"/> The Title of the Invention: A Computer-Implementable Vocabulary-Based Test for a Class of Language Disorder
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 19-2570 <input checked="" type="checkbox"/> General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3)) <i>(Submit an original, and a duplicate for fee processing)</i>	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies d. <input type="checkbox"/> Use the identical computer-readable form filed in Application No. _____, filed _____ as the computer-readable form for the instant application. (37 CFR 1.821(e))	
2. <input checked="" type="checkbox"/> The total fee is calculated as shown below: Basic Filing fee \$750.00 Total Claims 8 - 20 = 0 x \$18 \$ 0.00 Independent Claims 2 - 3 = 0 x \$84 \$ 0.00 <input type="checkbox"/> Multiple Dependent Claim present. \$280 TOTAL FILING FEE \$750.00 <input type="checkbox"/> Cancel in this application original claims to _____ of the prior application before calculating the filing fee. <input checked="" type="checkbox"/> Charge \$750.00 to the above indicated Deposit Account.	9. <input type="checkbox"/> ACCOMPANYING APPLICATION PARTS a. <input type="checkbox"/> Information Disclosure Statement (IDS) b. <input type="checkbox"/> PTO-1449 c. <input type="checkbox"/> Copies of all IDS Citations 10. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 11. <input type="checkbox"/> Prior Application is Assigned to: _____ <i>(for continuation/divisional with Box 17a completed)</i>	
3a. <input checked="" type="checkbox"/> Specification excluding Drawings [Total Pages] 9 3b. <input checked="" type="checkbox"/> Abstract on a separate sheet [Total Pages] 1 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets] 2	12. <input type="checkbox"/> Preliminary Amendment [Total Pages] 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input type="checkbox"/> Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. _____ filed _____ A 16. <input type="checkbox"/> Other: _____	
5. <input checked="" type="checkbox"/> Declaration and Power of Attorney [Total Pages] 2 a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17a completed)</i> c. <input type="checkbox"/> Unsigned Declaration _____ <i>[Note Box 6 below]</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		
6. <input type="checkbox"/> Incorporation By Reference (useable if Box 5b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		

17. <input checked="" type="checkbox"/> Priority Information, check appropriate box and supply the requisite information	
a. The accompanying application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 0 filed 0.	
b. <input checked="" type="checkbox"/> Benefit is claimed under Title 35, United States Code, Section 119(e) of the following Provisional Applications: Application No. 60/410,237 filed 12 September 2002.	
c. ** Add claim to priority via Preliminary Amendment.	

Correspondence Address: GLAXOSMITHKLINE Corporate Intellectual Property - UW2220 P.O. Box 1539 King of Prussia, PA 19406-0939 Telephone (610) 270-5014 Fax (610) 270-5090	Signature Name Registration No. 29,550	Respectfully Submitted, <u>James M. Kanagy</u> James M. Kanagy
---	--	--

20462

PATENT TRADEMARK OFFICE